

From the Editor's desk

By Kamaldeep Bhui CBE

Austerity, inequality and sustainable interventions

Mental health impacts of austerity

Austerity policies have seen restrictions of public spending on health, schools, police and the armed forces, and there are concerns about impacts on mental health.¹ Austerity policies affect health systems around the world. There are notable examples of detrimental effects on healthcare, and increasing inequality and poverty in specific age groups, countries and populations, such as migrants.^{2–8} In the UK, sophisticated mental health services that were built over 20 years have seen rapid changes to reduce specialisation and spending, with erosion of the range of services and skills that were once thought to be essential. For example, recovery or rehabilitation services have seen less investment (see <https://www.centreformentalhealth.org.uk/blog/out-of-sight-for-too-long>).⁹ In the face of austerity measures, providers are developing quality improvement programmes to protect and promote safety and effective service models while reducing costs. Health professions must play an important and active role in protecting the clinical and care process at times of austerity. However, their ability to do this is compromised if their work is challenged and their voice is silenced by attending to crises in healthcare systems.¹⁰ The harsh realities faced by people with mental illness are especially severe in materially deprived areas where patients face multiple adversities, strained finances and services with inadequate capacity to provide comprehensive care in a timely manner. Austerity actions may be driving the most vulnerable into conditions of even greater despair and disparity by reinforcing the persistence and the growth of health inequalities. For example, Greece was hard hit, and as a consequence of recession and austerity policies, there were more unmet health needs¹¹ and widening health inequalities between the rich and poor.⁶

Inequalities, depression and suicide

In this month's *BJPsych*, two important papers demonstrate the mental health impact of stigma and social exclusion and inequality. Morgan *et al* (pp.88–94) show that, even at a time when early intervention services are prioritised and provide critical care early in a first episode of psychosis, during the period of austerity, Black Caribbean patients showed poorer recovery (compared with White British patients), while Black Caribbean and Black African patients showed lower levels of self-harm, but poorer social, illness and service-related experiences such as high rates of compulsory treatment and police involvement. Miranda-Mendizábal *et al* (pp.77–87) show that young gay and bisexual men are more likely to report more suicide attempts, and depressive symptoms may be important mediators. In the European region, suicide rates increase with recession.¹² Awenat *et al* (pp.103–108) share the painful experiences of staff working with patients who take their own lives on hospital wards. They recommend better staff support and training for effective therapeutic interactions, rather than attending only to risk assessment. Given the shortfalls in numbers of experienced professionals, e-technologies are increasingly seen as an important way of delivering sustainable care. Educative websites for suicidal patients improve knowledge about suicide prevention, but only partially reduce suicidal ideation (Till *et al*, pp.109–115); transient depressive symptoms are evident among

those receiving the intervention. Depressive symptoms and unemployment are more common at times of recession.^{13,14} Depression is shown to mediate the relationship between the *FTO* gene and dysregulated eating, suggesting a possible pathway for austerity to lead to poorer nutritional choices, obesity and poorer health consequences (Rivera *et al*, pp.70–76). At times of austerity, the most vulnerable and disempowered are likely to face the greatest challenges and worries. People with intellectual disability are at higher risk of mental illnesses and are socially excluded. Cooney *et al* (pp.95–102) show that a computerised form of CBT is effective at reducing anxiety in people with intellectual disability.

Sustainable responses

Austerity policies are contested in the UK; the recent elections revealed their unpopularity. Each of the political parties has promised more investment in mental health, but this may only partially mitigate against the harmful effects of recession and austerity policies. We need to build sustainability into the evidence base for psychiatric interventions,¹⁵ for example to ensure that addiction services are resilient to uncertainty and change at times of economic strain.¹⁶ The polarisation of political views about how to respond and political correctness, whether egalitarian or authoritarian in nature, can stifle communication and consensual political actions (<https://blogs.scientificamerican.com/beautiful-minds/the-personality-of-political-correctness/>).

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BJPpsych

The British Journal of Psychiatry

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BJP 2017, 211:126.

Access the most recent version at DOI: [10.1192/bjp.211.2.126](https://doi.org/10.1192/bjp.211.2.126)

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Published by The Royal College of Psychiatrists
